

Foster Family Home - Corrective Action Report

Provider ID: 2-510778

Home Name: Marisa Viernes, LPN

Review ID: 2-510778-9

58 West Naauao Street

Reviewer: Jackie Chamberlain

Hilo HI 96720

Begin Date: 10/24/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced annual home inspection made for a 3bed CCFFH. Home met all compliance requirements at the time of the inspection. No corrective action required.

Jackie Chamberlain
Compliance Manager

Marisa Viernes
Primary Care Giver

10/28/2020
Date

10/28/2020
Date